



STATE OF IDAHO
OFFICE OF THE ATTORNEY GENERAL
LAWRENCE G. WASDEN

CONSUMER COMPLAINT FORM

Mail the completed form to: Office of the Attorney General
Consumer Protection Unit
650 W. State Street, Room B-20
P.O. Box 83720
Boise, Idaho 83720-0010

PLEASE SIGN AND DATE THE COMPLETED FORM BEFORE YOU RETURN IT.

Your Name: _____
Address: _____

Apt.: _____
City: _____ **State:** _____ **Zip:** _____
Daytime Phone: () _____ **Email:** _____ @ _____

The Attorney General publishes a quarterly newsletter with consumer information and tips. If you would like to receive a copy, please indicate your preferred method of delivery: ☐ Email ☐ Mail

IMPORTANT NOTICE OF PUBLIC RECORDS DISCLOSURE:

Under Idaho's Public Records Act, all documents you provide to our office, including this form, are available to those who request a copy. If you check the first box below, we will try to mediate your complaint with the business or person identified on the second page. If you check the second box we will not send your complaint to the business and we cannot mediate your complaint.

PLEASE CHECK ONE BOX:

- ☐ YES, PLEASE MEDIATE MY COMPLAINT. I understand that the Attorney General will send my complaint to the appropriate business or person.
- ☐ NO, I DO NOT WANT MY COMPLAINT MEDIATED. I am sending this form to the Attorney General for informational purposes only.

INFORMATION ABOUT THE BUSINESS OR PERSON:

Business or Person's Name: _____

Business Contact Person: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: () _____ **Fax:** () _____

Email: _____ **Website:** _____

If your complaint involves the purchase of goods or services, answer the following:

Description of Goods/Services: _____

Purchase Date: Purchase Amount:

Did you get the goods? ☐ Yes ☐ No

Was the service completed? ☐ Yes ☐ No

Provide a detailed explanation of your complaint, including names, dates, and actions. Attach additional pages if necessary. Do not attach original documents (we will not return them). _____

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Describe your attempts to resolve your complaint: _____

If you filed a lawsuit concerning your complaint, answer the following: If available, include a copy of the complaint you filed with the court.

Date Filed: _____ **Court:** _____

Current Status: _____

Is an attorney representing you? ☐ Yes ☐ No

If you reported this matter to another agency, answer the following, if known:

Agency: _____ **Date Reported:** _____

Current Status: _____

What is a fair resolution of your complaint? _____

I understand that the Attorney General is not my private attorney and that the office advocates on behalf of the state of Idaho by enforcing laws prohibiting fraudulent or deceptive business practices. Nothing within this complaint or other communications should be interpreted as establishing an attorney/client relationship between myself and any representative of the Office of Attorney General. **I certify that the information provided on this form is true and correct to the best of my knowledge.**

Your Signature (Required)

Date